

**State of California
Department of Health Services**

**Community Challenge Grant Program
School Agreement Form**

I, undersigned, as an official representative of the county office of education/ school district/ school (circle one) listed below, do hereby agree to allow _____, if successful in receiving funding under the Community Challenge Grant Program, to conduct CCG project activities at my school(s), beginning July 1, 1999 through June 30, 2000.

I have reviewed the proposed project and/or curriculum and have received the necessary approval to have it presented to students or other individuals within my jurisdiction.

I, on behalf of my agency, agree that the prospective CCG grant project can serve:

Estimated total number of participants per year: _____

Age or grade level: _____

Names of school sites: _____

yes ☐ no ☐ I agree that participant data, including ethnicity and grade level, can be collected.

yes ☐ no ☐ I agree that the above mentioned agency can administer the CCG Statewide Evaluation pre/post surveys.

Agency Name

Phone Number

Address: Street /City/Zip

Name and Title of Agency Official (Please print or type)

Signature of Agency Official

Date